

PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000

or <u>Fax</u>

| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying | | |
|---|---|--------------------------------|---|--|---|--|
| 22428 75 | 90 05/25/2005 | | | naners. Each addition | hal paper, such as an assignm te of mailing or transmission. | ent or formal drawing, mus |
| | | | | | _ | |
| FOLEY AND LA | RDNEK | | | Co | ertificate of Mailing or Tran | smission or denosited with the Unite |
| SUITE 500 3000 K STREET NW WASHINGTON, DC 20007 | | | | I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimil transmitted to the USPTO (703) 746-4000, on the date indicated below. | | |
| | | | | | | |
| FC:2501 | 700.00 OP | | | | | (Signature |
| FC:1504 | 300.00 DP | | | | | (Date |
| APPLICATION NO. | FILING DATE | FIRST NAMED II | | D INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 09/819,820 | 03/29/2001 | | Isao M | fiyadai | 026128-0103 | 1444 |
| TITLE OF INVENTION: M | ETHOD, SYSTEM, AND S | OFTWARE FOR A | AUTOMATI | ED GENERATION OF GRAP | HS FROM REPORT DATA | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO YES | \$1400 700 | | \$300 | \$1700 1000 | 08/25/2005 |
| EXAMINER | | ART UNI | T | CLASS-SUBCLASS | 7 | |
| TRAN, TAM D | | 2676 | | 345-440000 | _ | |
| 1. Change of correspondence | address or indication of "Fe | ee Address" (37 | 2. For prir | nting on the patent front page, l | ist Föllevr | &.Lardner LLP |
| CFR 1.363). Change of correspondent Address form PTO/SB/12 | ence address (or Change of 02) attached. | Correspondence | or agents | mes of up to 3 registered pate OR, alternatively, | ent attorneys | id. Lardifer LL |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patient attorneys or agents. If no name is listed, no name will be printed. | | | |
| 3. ASSIGNEE NAME AND | RESIDENCE DATA TO B | E PRINTED ON T | HE PATENT | Γ (print or type) | | |
| PLEASE NOTE: Unless recordation as set forth in | an assignee is identified be 37 CFR 3.11. Completion of | low, no assignee d | lata will app `a substitute | ear on the patent. If an assig for filing an assignment. | nee is identified below, the c | locument has been filed for |
| (A) NIAME OF ACCIONE | EE | (B) | RESIDENC | CE: (CITY and STATE OR CO | OUNTRY) | |
| (A) NAME OF ASSIGNE | | | | | | |
| , , | P Inc. | | Tokvo. | Ianan | | |
| BS | P Inc. assignee category or category | ries (will not be pri | • - | , Japan patent): 🚨 Individual 🖾 (| Corporation or other private gr | oup entity Governmer |
| BS | assignee category or categor | | • - | patent): 🗖 Individual 🖾 (| Corporation or other private gr | oup entity Governmen |
| Please check the appropriate 4a. The following fee(s) are existing Issue Fee | assignee category or category enclosed: | 4b. | nted on the p | patent): 🗖 Individual 🖾 (| <u> </u> | oup entity Governmen |
| BS Please check the appropriate 4a. The following fee(s) are e Issue Fee Publication Fee (No sm | assignee category or category | 4b. d) | Payment of A check | reaction in the amount of the fee(s) is e by credit card. Form PTO-203 | nclosed. 8 is attached. | |
| Please check the appropriate 4a. The following fee(s) are e Issue Fee Dublication Fee (No sm | assignee category or category enclosed: | 4b. d) | Payment of A check | reaction in the amount of the fee(s) is e by credit card. Form PTO-203 | nclosed. 8 is attached. | |
| Please check the appropriate 4a. The following fee(s) are e Issue Fee Publication Fee (No sm | assignee category or category | 4b. | Payment of A check | ratent): Individual (C) Fee(s): in the amount of the fee(s) is e | nclosed. 8 is attached. | |
| Please check the appropriate 4a. The following fee(s) are e Issue Fee Publication Fee (No sr Advance Order - # of Change in Entity Status (| assignee category or category | 4b. d) | Payment of A check Payment Payment The Director | reaction in the amount of the fee(s) is e by credit card. Form PTO-203 | nclosed. 8 is attached. charge the required fee(s), or (enclose an extra c | credit any overpayment, topy of this form). |
| Please check the appropriate 4a. The following fee(s) are e Issue Fee Publication Fee (No sn Advance Order - # of Change in Entity Status (A a. Applicant claims SM | assignee category or category enclosed: nall entity discount permitte Copies from status indicated above MALL ENTITY status. See 3 | 4b. d)) 37 CFR 1.27. | Payment of A check Payment Payment Payment Payment Deposit Acc | ratent): Individual (Individual) Fee(s): in the amount of the fee(s) is entire by credit card. Form PTO-203 enter is hereby authorized by count Number 19-0741 The sant is no longer claiming SMA | nclosed. 8 is attached. charge the required fee(s), or (enclose an extra c | credit any overpayment, to opp of this form). FR 1.27(g)(2). |
| Please check the appropriate 4a. The following fee(s) are e Issue Fee Publication Fee (No sn Advance Order - # of 5. Change in Entity Status (a. Applicant claims SN | assignee category or category enclosed: nall entity discount permitte Copies from status indicated above MALL ENTITY status. See 3 | 4b. d)) 37 CFR 1.27. | Payment of A check Payment Payment Payment Payment Deposit Acc | patent): Individual (Individual Individual I | nclosed. 8 is attached. charge the required fee(s), or (enclose an extra c | credit any overpayment, copy of this form). FR 1.27(g)(2). ation identified above, the assignee or other party |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.